

**Arizona Department of Economic Security
Division of Developmental Disabilities
Request for Qualified Vendor Applications (“RFQVA”) # DDD 710000**

APPLICATION SUBMITTAL CHECKLIST

To assure a complete submission of your Qualified Vendor Application (“QVA”) to the Division of Developmental Disabilities (“Division”) in response to the “Request for Qualified Vendor Applications (‘RFQVA’) # DDD 710000”, please follow the designated steps below. The Division must receive one complete original of all of the submitted items listed below.

1. Hardcopies of Section 1 through Section 8 of the Application that were submitted electronically in the Qualified Vendor Application and Directory System (“QVADS”) via the Division’s website:

Electronic submission completed. You have (1) activated the electronic submission, (2) received a submittal confirmation email, and (3) generated the official printable version of your electronic submission for each of the sections listed below. The official printable version includes your computer-generated contract number.

Document Required	Document Attached	DDD Use Only
Section 1: Application & Qualified Vendor Agreement Award (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Vendor Contract Information	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Assurances & Submittals Form (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Vendor Policies	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Vendor Administrative Sites, including Service Sites* Service Sites are <u>required</u> for: <ul style="list-style-type: none">• Center-Based Employment• Group Homes, including Nursing Supported Group Homes• Day Treatment and Training• Vendor Supported Developmental Home• Individually-Designed Living Arrangement (funded as HID/daily rate) <i>*Note: Section 5 has been combined with the former Section 6 (formerly Service Sites); there is no longer a separate Section 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Section 7: Services	<input type="checkbox"/>	<input type="checkbox"/>
Section 8: Service Level Detail	<input type="checkbox"/>	<input type="checkbox"/>

2. Hardcopies of the information required if you answered “YES” to designated Assurances in Section 3, Assurances & Submittals Form, in QVADS:

Document Required	Document Attached	DDD Use Only
a) Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to <u>Assurance 3.</u>	<input type="checkbox"/>	<input type="checkbox"/>
b) Description of contracts terminated if you answered YES to <u>Assurance 4.</u>	<input type="checkbox"/>	<input type="checkbox"/>
c) Description of contract lawsuits if you answered YES to <u>Assurance 5.</u>	<input type="checkbox"/>	<input type="checkbox"/>
d) Summary of suits or judgments pending or entered if you answered YES to <u>Assurance 6.</u>	<input type="checkbox"/>	<input type="checkbox"/>
e) Information regarding convictions related to Medicare, Medicaid, or the State Children’s Health Insurance Program if you answered YES to <u>Assurance 7.</u>	<input type="checkbox"/>	<input type="checkbox"/>
f) Information regarding conviction of a felony if you answered YES to <u>Assurance 8.</u>	<input type="checkbox"/>	<input type="checkbox"/>
g) Explanation of noncompliance with any civil rights requirements if you answered YES to <u>Assurance 9.</u>	<input type="checkbox"/>	<input type="checkbox"/>
h) Explanation of suspension or debarment if you answered YES to <u>Assurance 10.</u>	<input type="checkbox"/>	<input type="checkbox"/>
i) Explanation of pending suspension or debarment if you answered YES to <u>Assurance 10.2.</u>	<input type="checkbox"/>	<input type="checkbox"/>
j) Disclosure statement for any judgments, tax deficiencies, or claims pending or entered if you answered YES to <u>Assurance 11.</u>	<input type="checkbox"/>	<input type="checkbox"/>
k) Final Court-approved order disposing of the bankruptcy case if you answered YES to <u>Assurance 12.</u>	<input type="checkbox"/>	<input type="checkbox"/>
l) An organizational chart that demonstrates ownership and/or corporate affiliations if you answered YES to <u>Assurance 13.</u>	<input type="checkbox"/>	<input type="checkbox"/>
m) Conflict/potential conflict of interest disclosure statement if you answered YES to <u>Assurance 14.</u>	<input type="checkbox"/>	<input type="checkbox"/>
n) Substantial interest disclosure statement if you answered YES to <u>Assurance 15.</u>	<input type="checkbox"/>	<input type="checkbox"/>
o) Subcontractor information if you answered YES to <u>Assurance 19.</u>	<input type="checkbox"/>	<input type="checkbox"/>
p) Name and affiliation of each consultant if you answered YES to <u>Assurance 25.</u>	<input type="checkbox"/>	<input type="checkbox"/>
q) Name of each Applicant that submitted an Application and/or the name of each awarded QVA that was used as a resource if you answered YES to <u>Assurance 26.</u>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Hardcopies of the applicable Attachments C through J found in Section 9 of the RFQVA on the Division’s website (<https://www.azdes.gov/main.aspx?menu=96&id=4792>):**

Document Required	Document Attached	DDD Use Only
Section 9, Attachment C: Certification Regarding Lobbying (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment D: Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment E: Data Sharing Agreement (<i>original signatures required</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment F: Qualified Vendor Supported Developmental Home Third-Party Agreement (<i>original signatures required</i>) <i>[This attachment is only required if the Applicant is applying for the service of Vendor Supported Developmental Home]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment G: Request for Search of Central Registry for Background Check	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment H: Business Plan	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment I: Contingency Plan	<input type="checkbox"/>	<input type="checkbox"/>
Section 9, Attachment J: Business Associate Agreement (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>

4. Hardcopies of other required documents:

Document Required	Document Attached	DDD Use Only
a) Current State of Arizona Substitute W-9 form <i>(original signature required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Financial statements as required: <div> 1) A complete audited financial statement for the prior fiscal year. Submit a copy of the Management Letter and Auditor's Opinion from external auditors which were prepared in conjunction with the most recent annual audit. <div> A) If the Management Letter or Auditor's Opinion identifies any findings or concerns, include a brief description of any corrective action(s) taken to resolve them. <div> <input type="checkbox"/> <input type="checkbox"/> </div> B) If no audit has been performed, provide an explanation about the reason for it not being performed and submit a copy of the most recent annual financial statements and current bank reference(s). <div> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> 2) For Applicants that do not have an audited financial statement, submit quarterly financial statements for the prior fiscal year, including revenues and expenditures. <div> <input type="checkbox"/> <input type="checkbox"/> </div> 3) For Applicants that do not have an audited financial statement or quarterly financial statements for the prior fiscal year, submit a personal financial statement and the last three (3) years of personal income tax returns of the Applicant (if an individual) or the last three (3) years of income tax returns of the Applicant (if an entity). <div> A) If a corporation, submit a corporate business plan, including pro forma projections of income, expenses, and cash flows for the next three (3) years. <div> <input type="checkbox"/> <input type="checkbox"/> </div> 4) If the Applicant is a newly formed corporation or other entity, submit a corporate business plan and pro forma projections of income, expenses, and cash flows for the next three (3) years and the current personal financial statements and copies of the personal income tax returns for the most recent three (3) years filed by the Applicant's Chief Executive Officer. <div> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) Original signature on signature page of each RFQVA Amendment issued: <div> • RFQVA DDD # 710000 Amendment 1 </div>	<input type="checkbox"/>	<input type="checkbox"/>